

## ASSESSMENT SUMMARY FOR ADATSA

1. CSO NAME

Department of Social & Health Services	Note: For TANF clients use 14-311A					
2. LAST NAME	ST NAME FIRST MIDDLE INITIAL		NITIAL	3. DATE FORM COMPLETED		
			5. ACES CLII	5. ACES CLIENT ID NUMBER		
4. Replaces summary of						
ASSESSMENT AGENCY USE ONLY  6. PRIMARY PROBLEM  7. CALENDAR YEAR FIRST  8. SECOND PROBLEM  9. THIRD PROBLEM  10. INOVLUNTARY						
		SUBSTANC				TREATMENT REFERRAL  Yes No
SUMMARY						
11. Based on the information provided by the client, is the client chemically dependent?   Yes   No						
12. Is client "actively addicted" per ADATSA shelter "60 day" rule?   Yes   No Date last drank/used:						
13. Is client "actively addicted" per ADATSA treatment "90 day" rule?   Yes   No						
ACTION PLAN						
14. Client eligible for ADATSA treatment  Treatment start date: (or see attached ADATSA Client Status Report)						
On waiting list: Month expected to begin treatment: (may be eligible for interim medical coverage)						
☐ Date placed in "non ADATSA" treatment awaiting ADATSA treatment: ☐ Open ADATSA Medical effective date:						
Recommendations:						
15. Client NOT accepted for ADATSA treatment Client does not report signs or symptoms indicating client is incapacitated by chemical dependency Eligible but refuses treatment. Reason:						
<ul> <li>□ Opiate dependency treatment (Methadone)</li> <li>□ Not amenable to treatment; if not amenable, please explain:</li> </ul>						
☐ Non-ADATSA treatment recommendations:						
☐ Exception to rule has been requested						
OTHER INFORMATION						
16. Possible: mental	] physical problem. (Che	ck one or b	ooth.)	Pending:		evaluation
17. Psychological evaluation scheduled/done. Date: with						
18. Other comments:						
PROHIBITION OF REDISCLOSURE  The information attached has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR, Part 2) prohibit you from making further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.						
21. CASE MONITOR'S SIGNATUR	RE 22. PRINT CASE MONITOR	R'S NAME	23. TELEPHONE NU	MBER	24. DATE	25. STAFF TIME
						HRS: MIN: